

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		<b>Application Number</b>	10/565,346-Conf. #1923
		<b>Filing Date</b>	October 4, 2004
		<b>First Named Inventor</b>	Jane C. Hirsh
		<b>Title</b>	TOPICAL AEROSOL FOAMS
		<b>Art Unit</b>	1616
		<b>Examiner Name</b>	M. Haghigatian
		<b>Attorney Docket No.</b>	PDX-007.01

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

**OR**

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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**OR**

I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

**OR**

The address associated with Customer Number:

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**OR**

<input type="checkbox"/> Firm or Individual Name	
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Address	
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City	State	Zip	
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Country	Telephone	Email	
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I am the:

Applicant/Inventor.

**OR**

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Steven N. Tannenbaum</i>	Date	4/26/2011
Name	Steven N. Tannenbaum	Telephone	401-762-2000 X216

Title and Company      Authorized Signer, Precision Dermatology, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.